

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED

A Public Document

1. Agency Name

New Hope For Youth
Division, Department, or Region (If Applicable)

Phillip Rodriguez CEO
Designated Agency Contact (Name, Title)

Area Code/Phone Number

408-854-9166

E-mail

Prodriguez@newhopeforyouth.org

Date Stamp

2016 FEB -8 AM 10:30

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 70.00

Event Description Harlem Globetrotters
Provide Title/Explanation

Date(s) 1 / 22 / 2016

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no: SAN JOSE ARENA AUTHORITY
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: Phillip Rodriguez
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>New Hope For Youth</u>	<u>11</u>	<u>used for out reach to at risk youth of community</u>

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Phillip

Signature of Agency Head or Designee

Phillip Rodriguez

Print Name

CEO

Title

1/26/2016

(Month, Day, Year)

Comment: _____